

SURGERY.

37. *Case of Fungus Hæmatodes of the Thigh, cured by Amputation.*—The following case related by WILLIAM M'DOWALL, Esq., in the *Glasgow Medical Journal*, for February last, is interesting, from the success which seems to have attended the operation, certainly under very unpromising circumstances. There are not many cases on record in which any operation has permanently arrested this disease.

The subject of the following case was a lad twenty-three years of age, who had been about nine years previously, seized with a swelling and inflammation a little above the right knee joint, upon the inside of the thigh, accompanied with fever and swelling all over the thigh, and an abscess formed, which was said to have broken of itself, and to have discharged a great quantity of matter from three different openings above the knee. It continued to discharge matter occasionally till about the end of September, 1829, when Mr. M'D. was called to see him. The thigh was then swelled from the knee to near the groin. The tumour was found soft, and had the appearance of fluctuation but not very distinct, like a deep-seated abscess. Mr. M'D. two days afterwards opened the tumour, with an abscess lancet, but no matter came out; thinking that he was not deep enough to reach the matter, he opened it more deeply with a scalpel, but nothing appeared except a white fatty substance and a little discharge of blood from the cut. From that opening of the integuments, a large fungous white tumour began next day to advance, and every day it gradually shot out larger and larger. Mr. M'D. enlarged the opening of the integuments of the thigh to see what size the tumour would grow to. It continued to enlarge till it measured about twenty inches the one way over the top, and nineteen inches the other way, and the circumference at the base measured about twenty-five inches. It had much the appearance of a large melon, and blood began to ooze from it, as if pressed from a sponge. There was no way of stopping the bleeding but by fine tow or lint applied dry over the surface; upon the top it began to mortify, and emitted a very fetid smell. The lad was anxious to have this tumour removed. For this purpose he was taken out of bed and placed upon a table, and when the tumour was cut into, its substance appeared to be soft and pulpy like brain. It was removed down to the bone of the thigh, and was found to penetrate under the integuments and betwixt the muscles; Mr. M'D. was obliged in a great measure to push it out with his fingers, for, on account of its softness, it would not separate well from the muscles by cutting.

"There was a great loss of blood in the removing of the tumour," says Mr. M'D. "which took much longer time than I had anticipated. The lad was nearly an hour under the operation; and from these causes, when the wound was dressed he fainted away, and I was much alarmed for his recovery from the faint; but by cordials and applying heat to his feet he gradually recovered. The sac and wound seemed to get clean, and began to fill up with new granulations. The matter got better; his appetite and strength seemed to recruit for about two or three weeks; and we were hopeful that the wound would have healed, but the favourable appearances did not continue long. Five fungous tumours began to advance out of the sac of the wound. Every day they enlarged, and they at length assumed heads as big as the largest apples, and indeed appeared very like a cluster of apples upon a tree. When this second fungous growth was advancing, a sharp point of bone was felt by the finger just over the head of fibula. It had separated from the inside of the thigh bone, and had passed into the situation just mentioned, where it was cut out with difficulty. As soon as it was removed, a large fungous tumour just of the same appearance with the others began to advance. That fungous bled profusely; and when the lad moved his limbs, or upon the tumours being dressed, I observed the blood oozing out of the top of them all, like water pressed from a sponge. He went on in this way for several weeks; and from pain and loss of blood he was reduced

to the last state of human distress and misery. His pulse was upwards of 125, his face pale, and his appetite nearly lost, and he was affected with diarrhœa. It was now about ten weeks from the time I had first seen him, and it was suggested that the only chance he could have of recovery was by the amputation of the limb. To this, although he had previously objected, he now readily submitted; and on the 10th December, 1829, after consulting with James Watson, Esq. surgeon in Gatehouse, I performed the operation by amputating the limb above the diseased part. The lad stood it well, and there was not above half a cupful of blood lost in the operation. The place where the patient lay was a poor cottage, which being very badly lighted, and the day being dark, we were obliged to use candles in taking up the vessels—this caused the operation to occupy a few minutes longer. It is unnecessary to relate the different steps of the operation, but the limb was taken off very high up, about four inches below the trochanter major. The pulse came down, and the general health improved every day after the limb was taken off, and in about a month the stump was quite healed, and the poor lad had quite recovered his strength. I may mention, that I met him on the road upon the 10th day of April, 1830.

"After the limb was removed, it was dissected and examined, when it was found that the piece of bone measuring five inches in length, which was cut out near the head of the fibula, had been detached from the femur; and had left the cavity of that bone open to the marrow. From this opening the fungous hæmatodes had proceeded. The whole of the muscles near the knee joint were turned into cellular substance and had lost their action, and there was very little motion of the joint. The cavity of the joint seemed to be sound, but the thigh bone above the knee on the inside where the piece of bone had exfoliated was in a carious state a long way up."

38. *Idiopathic Glossitis*.—In our first vol. pp. 213, 219, 448, and in vol. four, p. 533, will be found accounts of four cases of glossitis; the following cases, related in the *Glasgow Medical Journal*, for February last, by JOHN ORGILL, Esq., are interesting, as contributions to the the history of this rare affection.

Case 1.—C. Kenmuire, a farmer, aged 50, complained of much difficulty in deglutition, which he attributed to inflammation of the throat. As he lived at some distance in the country, and could not come in himself, his wife came to me, and explained the symptoms as well as she could. Appropriate remedies for the supposed disease—inflammation of the throat, were recommended. About a week after this, he was brought to town in a cart. I then found that the left half of the tongue was so much swollen, as completely to prevent articulation and deglutition. The right half, of its natural size and appearance, was in part overlapped by the diseased half. For eight days preceding, he had not been able to swallow anything solid; and during the last two days, he could not get down a drop of liquids. The pulse was nearly natural. I wished to apply leeches to the tongue; but the mouth was so completely filled with it, as not to afford space for them except at the tip. I therefore put eleven large leeches to the root of the tongue externally; and, when they fell off, applied a cupping glass over the bites, by which means, about six ounces of blood were obtained. But this afforded little relief. I then introduced a scalpel flat on the dorsum of the tongue; and made two incisions about half an inch deep, from the furthest point to which the instrument reached to the tip.

The incisions bleed pretty freely; and the swelling was, in consequence, so far reduced as to enable him to answer questions intelligibly. He could also expectorate a little, which he was before unable to do, though, as he expressed it, "choking with his spittle," which was thick and very tenacious.

This was at noon. I saw him again about eight o'clock in the evening. The diseased half of the organ was then as much swollen as ever. I scarified it still more deeply; and ordered an enema with an ounce of castor oil. As he was evidently exhausted from want of food, for which he had a good appetite, but which, as I have stated; he had been unable to take for eight days, I or-